

REQUEST FOR ADVANCE OF LEAVE/EXTENDED ABSENCE

(RIAR 690-20 (under revision))

PART I - EMPLOYEE BEFORE PREPARING THIS FORM, SEE PRIVACY ACT STATEMENT ON SECOND PAGE

1. NAME OF EMPLOYEE:		2. SSN:		3. DATE:	
4. JOB TITLE & GRADE:		5. ORGANIZATIONAL ELEMENT & COST CENTER:		6. CHECK IF APPLICABLE:	
				<input type="checkbox"/> Temporary Appointment NTE:	
				<input type="checkbox"/> Probationary/Trial Period NTE:	
7. TYPE OF LEAVE: <input type="checkbox"/> Advanced Sick Leave <input type="checkbox"/> Extended Leave of Absence <input type="checkbox"/> Advanced Annual Leave		8. No. of Hrs./Days:		9. Commencing: YYYY/MM/DD to YYYY/MM/DD	

10. Reasons/Justification:

Date_____
Signature**PART II - SUPERVISOR**

11. I have reviewed the applicable requirements and criteria outlined in RIAR 690-20.

Employee's balance of leave as of _____ is _____ Hrs Sick _____ Hrs Annual Leave

Recommendation: Approval - All provisions met ☐ Disapproved - (Explain in Remarks Block on Page 2)_____
Date_____
Signature**PART III - OFFICE/DIRECTORATE/ACTIVITY**12. Approved ☐ Disapproved - (Explain in Remarks Block on page 2)

Typed Name and Title:	Signature	Date
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PART IV - U.S. ARMY HEALTH CLINIC AT RIA

(To be completed for advanced sick leave of more than 80 hours or reasons other than childbirth)

13. Action Taken:

Typed Name and Title:	Signature	Date
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PART V - PAY EXAMINATION DIVISION (SOSRI-RM)

14. Action Taken:

Date_____
Signature

REMARKS:

PRIVACY ACT STATEMENT

1. Collection of the Social Security Number (SSN) is authorized by Executive Order 9397. Disclosure of the number is voluntary.
2. The SSN is used by management, the Civilian Personnel Office, and the payroll office to identify the employee and to ensure that leave records are correct.